

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
HEALTH AND RECOVERY SERVICES ADMINISTRATION
Olympia, Washington**

To: Dental Providers
Ambulatory Surgery Centers
Hospitals
Managed Care Organizations

Memorandum No: 08-04

Issued: February 21, 2008

From: Douglas Porter, Assistant Secretary
Health and Recovery Services
Administration (HRSA)

For information contact

800.562.3022 (Option 2) or go to:

<http://maa.dshs.wa.gov/contact/prucontact.asp>

Subject: Dental Program: Updates to the Fee Schedule and Prior Authorization

Retroactive to dates of service on and after January 1, 2008, unless otherwise specified, HRSA is updating:

- The Dental Fee Schedule; and
- Prior authorization policy.

Dental Fee Schedule Changes

Retroactive to dates of service on and after January 1, 2008, HRSA is updating the Dental Fee Schedule with the following changes:

Previously used CPT™ Code	Replacement CDT™ Code
40804	D7530
40806	D7960
41822	D7972
41823	D7485

Retroactive to dates of service on and after February 1, 2008, HRSA has changed the maximum allowable fee for the following procedure code:

CDT Code	Description	Maximum Allowable Fee
D9612	therapeutic parenteral drugs, two or more administrations, different medications	\$37.98

Visit HRSA's web site at <http://maa.dshs.wa.gov/RBRVS/Index.html> to view the new fee schedule, effective December 1, 2007. Bill HRSA your usual and customary charge.

Visit the Dental Program web site at: <http://maa.dshs.wa.gov/ProvRel/Dental/Dental.html>.

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Prior Authorization Policy Updates

Please note the following updates regarding prior authorization (PA) requirements:

- **Retroactive to dates of service on and after November 13, 2007**, HRSA no longer requires PA for stainless steel crowns and core buildup (CDT codes D2931 and D2950) for clients of any age.
- HRSA does not require PA for additional medically necessary panoramic x-rays by oral surgeons and orthodontists.
- HRSA covers anterior permanent crowns only for clients age 12 and older with PA.
- HRSA covers posterior permanent crowns only for clients age 18 and older with PA.
- If you are requesting PA for a second repair on a complete denture or a cast metal partial denture in the same year, please indicate that this request is for a **limitation extension**.
- HRSA requires the "Agreement of Acceptance" form for all complete dentures (CDT codes D5110 and D5120) and cast metal partial dentures (CDT codes D5213 and D5214).

✓ Complete this form at the time of the final try-in, and fax it to:

HRSA Dental Authorization Unit
360.725.2123

- ✓ HRSA must receive the signed and completed Agreement of Acceptance before the authorization "hold" is removed.
- ✓ Once HRSA removes the "hold" from the authorization, submit a claim for the services.
- ✓ Send claims directly to: HRSA Claims Processing, PO Box 9248, Olympia, WA 98507-9248. (*Do not send claims for payment to the HRSA Dental Authorization Unit.*)
- ✓ For additional information on submitting PA requests and billing HRSA, refer to HRSA's *Dental Program for Clients Through Age 20 Billing Instructions* and *Dental Program for Clients Age 21 and Older Billing Instructions*. These are available to view at:
<http://maa.dshs.wa.gov/download/BI.html>.
- HRSA requires PA for overdentures (CDT code D5860) for both the mandibular and maxillary arch.

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PA for Office-Based Conscious Sedation

HRSA does not require PA for clients of any age for office-based conscious sedation services (CDT codes D9241 and D9242).

PA for Office-Based General Anesthesia

- **For dates of service on and after August 1, 2007**, HRSA does not require PA for medically necessary office-based general anesthesia (CDT codes D9220 and D9221) when one of the following applies. The client is:
 - ✓ Age 8 or younger;
 - ✓ A client of the Division of Developmental Disabilities; or
 - ✓ Age 20 or younger and has a diagnosis of oral facial cleft and the treatment is directly related to the oral facial cleft.
- **For dates of service on and after April 1, 2007**, HRSA requires PA for clients age 9 and older for office-based general anesthesia unless criteria in HRSA's *Dental Program for Clients Through Age 20 Billing Instructions* or *Dental Program for Clients Age 21 and Older Billing Instructions* is satisfied.
- Providers must submit medical justification for these services when requesting PA.

PA for Services Performed in a Hospital or Ambulatory Surgery Center (ASC)

- **Dental Providers**
 - ✓ **For dates of service on and after July 1, 2007**, HRSA requires PA for non-emergency dental services performed in a hospital and dental services performed in an ASC for clients age 9 and older (except for clients of the division of developmental disabilities according to WAC 388-543-1099).
 - ✓ The place of service (POS) on the submitted claim form **must** match the setting where the service is performed. HRSA may audit claims with an incorrect POS and payment may be recouped.

- ✓ The dentist providing the service must send in a request for authorization to perform the procedure in this setting. The request must:
 - Contain all procedure codes, including procedure codes that require PA according to HRSA's *Dental Program for Clients Through Age 20 Billing Instructions* or *Dental Program for Clients Age 21 and Older Billing Instructions*;

Note: Authorization for a client to be seen in a hospital or ASC setting does not automatically authorize any specific code that requires PA. If the specific code requires PA, also include the rationale for the code.

- Be on the appropriate claim form(s) for the services requested; and
- Include a letter that clearly describes the medical necessity of performing the service in the requested setting.

Note: Any PA request submitted without the above information will be returned as incomplete.

- ✓ HRSA requires providers to report dental services, including oral and maxillofacial surgeries, using CDT codes.

Exception: Oral surgeons may use CPT codes **listed in HRSA's Dental Program Fee Schedule only** when the procedure performed is not listed as a covered CDT code in HRSA's published Dental Program Fee Schedule. CPT codes must be billed on an 837P/CMS-1500 claim form.

- **Facilities**

- ✓ Hospitals and ASCs must use CDT codes for dental procedures. Hospitals and ASCs may bill with a CPT code **only** if there is no CDT code that covers the service performed.
- ✓ Coverage and payment is limited to those CDT and select CPT codes listed in HRSA's Dental Program Fee Schedule.
- ✓ ASCs are paid only for the codes listed in HRSA's Ambulatory Surgery Centers Billing Instructions.

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- ✓ HRSA considers anesthesia to be included in the payment made to the facility. HRSA does not pay separately when a facility bills CDT code D9220/D9221 or D9241/D9242.
- ✓ If requesting anesthesia time that is significantly greater than the normal anesthesia time for the procedure, include the medical justification for this in the documentation.
- ✓ Hospitals and ASCs may only use procedure code 41899 when there is no existing national code that describes the services being provided. HRSA considers this code **only** when the performing dentist submits a PA request with justification explaining that there is no existing national code describing the services being provided.
- ✓ The place of service (POS) on the submitted claim form must match the setting being requested:

Place of Service	Setting
21	Inpatient Hospital
22	Outpatient Hospital
24	Ambulatory Surgery Center

2006 ADA Claim Form

Effective July 1, 2008, if a dental claim must be billed on paper, HRSA will only accept claims submitted on the 2006 ADA Claim Form. HRSA will not accept any other dental claim form or version of the ADA claim form. Electronic billing is the preferred billing method.

How do I conduct business electronically with HRSA?

You may conduct business electronically with HRSA by accessing the WAMedWeb at <http://wamedweb.acs-inc.com>.

How can I assist HRSA in communicating with me more effectively?

Note: Help HRSA communicate with you more effectively. Send HRSA your fax number. Visit HRSA on the web at <http://maa.dshs.wa.gov/contact/prucontact.asp> or call the Medical Assistance Customer Service Center at 800.562.3022 (option 2) to give HRSA your fax number.

How can I get HRSA's provider documents?

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.